UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

MS. NATACHO NOBILE	_
Write the full name of each plaintiff.	CV(Include case number if one has been assigned)
-against- Donald Jump Trump Belleville	COMPLAINT Bo you want a jury trial? Yes □ No
Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

BASIS FOR JURISDICTION Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff. What is the basis for federal-court jurisdiction in your case? Federal Question Diversity of Citizenship A. If you checked Federal Question Which of your federal constitutional or federal statutory rights have been violated? B. If you checked Diversity of Citizenship 1. Citizenship of the parties Of what State is each party a citizen? is a citizen of the State of The plaintiff, (Plaintiff's name) (State in which the person resides and intends to remain.) SIME or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:
The defendant, Dovald Womp MD, ADMINIS Dation (Defendant's name)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If the defendant is a corporation:
The defendant,
the State of
and has its principal place of business in the State of
or is incorporated under the laws of (foreign state)
and has its principal place of business in
If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.
II. PARTIES
A. Plaintiff Information
Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.
Mes NATACHA NOVOILE
First Name Middle Initial Last Name
151-30 John AVENUE
Street Address Street Address Street Address 1357
County, City State Zip Code
SHIT ST STACHANOBILE TE
Telephone Number Email Address (if available) GMa/CD2

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	Donald	Tromy and	CARONINE SHOW	
	First Name	Last Name		
	Current Job Title (or other identifying information)			
	Current Work Addres	s (or other address where defe	ndant may be served)	
	County, City	State	Zip Code	
Defendant 2:				
	First Name	Last Name		
	Current Job Title (or other identifying information)			
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	
Defendant 3:				
	First Name	Last Name		
	Current Job Title (or other identifying information)			
	Current Work Address (or other address where defendant may be served)			
	County, City	State	Zip Code	

Defendant 4:				
	First Name	Last Name		_
	Current Job Title (or	other identifying information)		-
	Current Work Addre	ss (or other address where defe	endant may be served)	_
	County, City	State	Zip Code	
III. STATEME	NT OF CLAIM	Onen Om III.		
Place(s) of occurr	rence: While	BEKEN NYC		
Date(s) of occurre	ence: Past	4 YEARS		_
FACTS:		/		
State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.				
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V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Atta	ch additional pages if necessary. If seeking to
proceed without prepayment of fees, each plaintiff n	nust also submit an IFP application.
8/7/2823	MS NATACHA NOBILE
Dated	Plaintiff's Signature
NA THE HA	NOBILE
First Name Middle Initial	Last Name
151-30 DOTH AVEN	SE
Street Address OUEENS WHITES TO	WE NY 11357
County, City State	Zip Code
347 2875112	
Telephone Number	Email Address (if available)
Market.	

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Wes □ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.